

Attorney's Docket No.: 42390P13682

## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below, next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

## IDENTIFYING COMMUNICATION CHANNELS BETWEEN NODES

the specification of which	is attached hereto. was filed on United States Applic or PCT International and was amended on	ation Number Application Numb		
			(if applicable	e)
I hereby state that I have revictaim(s), as amended by any invention was ever known or described in any printed pubthis application. I do not know United States of America mechas been patented or made the country foreign to the United assigns more than twelve me prior to this application.	amendment referred to all used in the United States lication in any country be ow and do not believe that ore than one year prior to be subject of an inventor's distates of America on an	oove. I do not know of America before fore my invention to the claimed inven- this application, no certificate issued to application filed by	w and do not be my invention thereof or mor tion was in pur do I know or before the date y me or my leg	thereof, or patented or e than one year prior to blic use or on sale in the believe that the invention of this application in any gal representatives or
I acknowledge the duty to di 37, Code of Federal Regulat		own to me to be ma	iterial to paten	tability as defined in Title
I hereby claim foreign priori application(s) for patent or in application for patent or inve is claimed:	nventor's certificate listed	below and have als	so identified be	elow any foreign
Prior Foreign Application(s)	:			
APPLICATION	COUNTRY (OR		F FILING	PRIORITY CLAIMED UNDER 37 USC 119
NUMBER	INDICATE IF PCT)	(day, mo	nth, year)	No ∏Yes
				□ No □ Yes
				□ No □ Yes
I hereby claim the benefit ur provisional application(s) lis		s Code, Section 11	9(e) of any Ur	nited States

Docket No. 042390.P13682

FILING DATE

APPLICATION

NUMBER

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION NUMBER	FILING DATE	STATUS (ISSUED, PENDING, ABANDONED)

I hereby appoint the persons listed on Appendix A hereto (which is incorporated by reference and a part of this document) as my respective patent attorneys and patent agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith.

Send correspondence to:

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Michael A. Proksch, Reg. No. 43,021, BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN, LLP

(Name of Attorney or Agent)

12400 Wilshire Boulevard, 7th Floor, Los Angeles, California 90025 and direct telephone calls to:

Michael A. Proksch, (503) 684-6200.

(Name of Attorney or Agent)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Full Name of Second/Joint Inventor (given name, family name) Inventor's Signature	Date		
Residence	Citizenship		
(City , State)  Mailing Address		(Country)	



